

## **Inclusive WASH Projects**

### **Session 4 – Integrating WASH and HIV/AIDS**

#### **Summary Report**

The fourth session in the Inclusive WASH project focused on the WASH needs of people living with HIV and AIDS. The learning period ran from January 16-27 with two one hour webinars presented on the 18th and 26th of January 2012. This session was co-facilitated by Lucina Schmich from the Burnet Institute in Australia and Julia Rosenbaum from the USAID/WASHPlus Project based at FHI360.

The session included two online ‘webinars’ (training sessions) of approximately 1 hour each, an online discussion forum and a resource library. This report contains a brief overview of each webinar.

For more information, please visit: [www.inclusivewash.org.au/hiv-aids-chronic-illness](http://www.inclusivewash.org.au/hiv-aids-chronic-illness).

#### **Webinar 1 - HIV Inclusive WASH Programming**

Eleven people participated in the first webinar of the session, hosted by Lucina Schmich of the Burnet Institute. 33% of participants identified themselves as having an HIV programming background and 25% as having a WASH programming background. Only one participant professed to have experience in both HIV and WASH.

The presentation started with a summary of the basic components of WASH and HIV programs to trigger thinking about where the two sectors might naturally intersect. It followed with some basic HIV concepts and referred participants to the UNAIDS<sup>1</sup> guidelines on terminology noting the importance of clarity of concepts and terms, especially when working with people from other sectors.

Using case studies of HIV prevention, treatment and care activities, the presentation explored the needs of HIV positive people and those at increased risk of infection, focusing on the fact that all people have the same basic WASH needs. However, for people at increased risk of diarrhoeal disease (e.g. HIV positive people), whether it be a side effect of treatment or a result of being immune compromised there are specific additional needs especially with respect to water and accessibility of infrastructure such as latrines. Importantly, the great benefits that effectively and thoughtfully implemented WASH programs might provide in terms of reducing risk and incidence of HIV related illnesses including progression to AIDS was highlighted. Finally, the need to gather good data on the effect of integrated programming to better understand the benefits that can be achieved was flagged.

Lucina highlighted HIV transmission risks with an emphasis on understanding the scientific evidence. Of particular importance when commencing integrated programming is the fact that positive people often experience specific discrimination around involvement, perceived

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<sup>1</sup> Available to download from [www.inclusivewash.org.au/resource-library-HIV-AIDS-and-Chronic-Illness](http://www.inclusivewash.org.au/resource-library-HIV-AIDS-and-Chronic-Illness)

or actual, in illegal or stigmatised behaviour and the need to avoid further discrimination. The potential for inclusive programming to create anxiety through a misunderstanding of transmission when providing care and support for HIV positive people was identified as a program risk.

Key issues raised by the participants included:

*Q: In this scenario, how do we strike a balance between providing services to meet human rights and providing services which promote risky behaviour....sterile water for injecting?*

A: This led to a broader discussion of “harm reduction” as it relates to injecting drug use; it should be noted the international research evidence demonstrates that programs of this type do not promote increased risky behaviour.

*Q: Coming from a humanitarian emergency side - Have these needs (menstrual hygiene need) been translated into humanitarian standards in WASH?*

A: WaterAID is currently working on guidelines which will provide standards in this context and advocate for a response to this issue.

Each of these concerns highlights the complexity of the discussion and importance of the Inclusive WASH initiative. There are no simple answers to these questions and the need to support development for a community of practice.

## **Webinar 2 – The ‘Small Doable Actions’ Approach**

Eighteen participants took part in the webinar hosted by Julia Rosenbaum – 57% identified as WASH programming people and 7% as HIV programming people and others from the health sector more broadly. While many participants planned to implement some sort of WASH-HIV integration programming in the future (35%), few had already done so (7% of participants currently programming in this area).

Julia reviewed the evidence base of why WASH matters for people living with HIV and AIDS (PLWHA) and their affected families. She then reviewed the USAID Hygiene Improvement Project (HIP) and follow-on WASHplus project’s experience in introducing WASH into HIV Programming. HIP began by collecting the existing evidence base supporting WASH/HIV integration, and developed programming guidance to integrate WASH into HIV home based care, and subsequently into programs for orphans and vulnerable children (OVC), prevention of maternal to child transmission (PMTCT) and antenatal care; and for the WASH sector to develop HIV considerations for both the water and hygiene/sanitation sectors.

At the country level, the program approach included first understanding current WASH practice in the home (or school, child care centre, or relevant setting), and then identifying a set of “small doable actions” that improved on current WASH behaviours, and while not fully complying with ‘ideal’ practice, were considered feasible by the household given current resources and context, and also had a health impact. This ‘menu’ of small doable actions can be incorporated into outreach and clinical programs, and outreach workers trained to incorporate the behaviours into their practice, and support households to practice them as well. Improved practices are to be ‘negotiated’ rather than pushed upon households.

Outreach workers and health workers assist in addressing obstacles, rather than preaching the ideal practice. This negotiation approach can be best understood through the dialogue

workers were trained to incorporate into routines. “Do you think you could try this... e.g. washing your hands before and after caring for the PLHIV? “What would make it hard to ... [safely dispose of faeces of the bedbound HIV patient?] What could make it easier? HIP and WASHplus have used this approach in Ethiopia, Uganda, Tanzania and Kenya.

Participants were generally excited about the ‘small doable action’ approach as well as the tactic of ‘negotiating’ improved WASH practices, as reflected in the webinar conversation.

Tools, job aids, training materials and monitoring tools have been ‘packaged’ into a **WASH and HIV Integration Kit**. These and other tools and resources can be found on the Inclusive WASH site<sup>2</sup> as well as the WASHplus website.

Web participants were actively involved and had a range of questions and comments. Discussion ranged to the follow issues highlighted below:

- The risk of inflaming stigma when beginning to integrate, after years of ‘convincing’ people that casual contact could spread AIDS, a new focus on hygiene might ignite myths and stigma. The added challenge of confronting taboo behaviours.
- The HIV risk of menstrual blood, and the place of menstrual hygiene management (MHM) in WASH-HIV integration [that menstrual blood carries a higher viral load than other blood, although the virus is weak so dies quickly after exposure. Still precautions are recommended when managing a menstruating HIV bedbound patient. ] Participants linked each other to MHM Guidance and a PNG case study.
- Presence/risk of HIV in urine and faeces
- Where to start/ how to begin integrating, if best to begin from HIV or WASH ‘side’?
- The differences in ‘language’ used by WASH and HIV sectors
- HIV sector participants felt they needed to learn more about key components of WASH programming at various levels and the implications of integrating at that level - community level, individual level, and national level interventions.
- Indicators for measuring coverage of “generalized” WASH programs reaching HIV positive and other vulnerable populations [WASHplus has a list of indicators for consideration that can be accessed through the webinar website.]

**Please visit the Inclusive WASH resource library to find more resources on the WASH for people living with disabilities:**

[www.inclusivewash.org.au](http://www.inclusivewash.org.au)

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<sup>2</sup> Available to download from [www.inclusivewash.org.au/resource-library-HIV-AIDS-and-Chronic-Illness](http://www.inclusivewash.org.au/resource-library-HIV-AIDS-and-Chronic-Illness)